

KANSAS

Employment Application



ACCOMMODATIONS: The Americans with Disabilities Act of 1990 ensures you the right to employment with the State of Kansas. Arrangements will be made if you have a disability that requires an accommodation for completing an application form, interviewing or any other part of the employment process. It is your responsibility to make your needs known to the Division of Personnel Services 785/296-4278 or the agency to which you are applying.

KANSAS...a state of excellence

THE **STATE OF KANSAS** IS AN EQUAL OPPORTUNITY EMPLOYER**POSITION FOR WHICH YOU ARE APPLYING**

VACANCY _____ **JOB** _____ **STATE** _____
REQUISITION # _____ **TITLE** _____ **AGENCY** _____

Return this application form to the agency which has the vacancy for which you are applying; *do not return this form to any other location.*

PLEASE WRITE CLEARLY, OR TYPE, AND ANSWER ALL QUESTIONS

*You will have an applicant identification number only if you have registered using the Personal Data form.
 If you are or have been a state employee, the applicant identification number is your employee identification number.*

Applicant Identification No. _____ **Social Security No.** _____

(Optional)

Name _____
 Last First Middle

Address _____
 Apt. #, Street City State Zip Code

Telephone () _____ (Day) Message Number () _____

Email Address _____

Are you known to employers/references/schools by another name? If yes, name _____ No _____

Have you worked for the State of Kansas before or do you now? If yes, dates _____ No _____

Have you ever been convicted of a felony? Yes ☐ No ☐ How did you hear about us? _____

INFORMATION REGARDING CONVICTION RECORD WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT; INDIVIDUAL CIRCUMSTANCES WILL BE CONSIDERED RELATIVE TO THE JOB SOUGHT.

Educational Background (Attach copy of transcripts)

| | Institution and City, State | Degree or Certificate Attained | Major Area of Study | Credit Hours or Academic Years Completed |
|--|-----------------------------|--|---------------------|--|
| High School/GED | | High School/GED transcript not required. | | |
| College or University | | | | |
| Graduate School | | | | |
| Vocational, Technical, Business School | | | | |
| Other Education | | | | |

Vocational Licenses/Registrations (Attach copy of documents)

| Type | License/Registration Number | Issuing Authority | Issue Date | Expiration Date |
|------|-----------------------------|-------------------|------------|-----------------|
| | | | | |
| | | | | |

Work Experience - List your last three employers *or* last three positions, starting with the most recent. Attach a *Supplement to Employment Application* or other pages if you want to include more positions.

| | | | |
|--------------|--------------------------|--------------------|--|
| Month & Year | Name/Address of Employer | Reason for Leaving | <input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience |
| From: _____ | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per wk: _____ Ending Pay \$ _____ per _____ |
| To: _____ | | | |

Title: _____ Duties: _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ Supervisor's Name _____ Supervisor's Phone Number _____

| | | | |
|--------------|--------------------------|--------------------|--|
| Month & Year | Name/Address of Employer | Reason for Leaving | <input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience |
| From: _____ | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per wk: _____ Ending Pay \$ _____ per _____ |
| To: _____ | | | |

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|--------------|--------------------------|--------------------|--|
| Month & Year | Name/Address of Employer | Reason for Leaving | <input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Experience |
| From: _____ | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per wk: _____ Ending Pay \$ _____ per _____ |
| To: _____ | | | |

Title: _____ Duties: _____

List Computer Skills used in this Position _____

Largest Number of People Supervised _____ Supervisor's Name _____ Supervisor's Phone Number _____

| Other Employment: (Account for all employment in at least the last 10 years) | | |
|---|---------------|------------------|
| Name and Address of Company | Position Held | Employment Dates |
| | | |
| | | |
| | | |

Other Related Experiences: Please describe here any other related professional certifications, honors, special skills, qualifications, or experiences not mentioned elsewhere, i.e., equipment or machines operated, etc.

Computer Skills (name software and hardware) _____

 SUPPLEMENTAL WORK EXPERIENCE _____

| References Include supervisors and persons we may contact to verify your performance and qualifications. | | |
|--|--|---|
| Name _____ Your supervisor? Yes ____ No ____ | Occupation _____ Organization _____ | Mailing Address _____ _____ Phone (Day) _____ |
| Name _____ Your supervisor? Yes ____ No ____ | Occupation _____ Organization _____ | Mailing Address _____ _____ Phone (Day) _____ |
| Name _____ Your supervisor? Yes ____ No ____ | Occupation _____ Organization _____ | Mailing Address _____ _____ Phone (Day) _____ |

AFFIRMATION

I affirm that the facts set forth above in my application for employment are true, correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that the employing agency may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for rejection of my application.

I understand and agree that, if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any omission of information, or erroneous information provided in any part of the employment process, would be sufficient cause for discharge. I agree that the employing agency may, at its sole discretion, provide compensatory time off in lieu of overtime pay if I were employed in a nonexempt position and if there were no existing agreement to the contrary.

SIGNATURE OF APPLICANT

DATE

If you are applying for a vacancy which has a requisition number (Req No), you must also register using the Personal Data form, if you have not already done so. Personal Data forms are available from any state agency or Workforce Center. Return this application form to the agency which has the vacancy for which you are applying; *do not return this form to any other location.* For general information about the State of Kansas employment process, phone Civil Service Employment Information (Department of Administration, Topeka, Kansas) at 785-296-4278.

THE STATE OF KANSAS IS AN EQUAL OPPORTUNITY EMPLOYER
Promoting Diversity in a Diverse State